

E-VERIFY USER ACCESS

Employee completes this form, submits to Key User (College/Division) for approval signature, and forwards to OSU Human Resources, 201 GAB, for processing. Upon submission of this form to newhire@okstate.edu, the New Hire department will issue an E-Verify username and password. Upon your initial log in, you will be prompted to complete mandatory training.

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APPLICANT INFORMATION (Please Print)

Name_____Position_____

Department_____Campus Address _____

E-Mail Address_____Telephone Number _____

Banner ID Number_____Fax Number _____

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ACCESS REQUEST – Indicate type:

☐ New User ☐ Modify Access ☐ Cancel Access

ACCESS LEVEL – Indicate type:

☐ General User ☐ Program Administrator

(newhire@okstate.edu will issue a username and password to start E-Verify training)

ACCESS REQUEST – Indicate type:

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APPROVAL BY KEY USER _____ / _____
(No substitutes) Signature Date

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E-VERIFY AGREEMENT	
E-Verify contains confidential, sensitive information on persons employed by OSU. Such information should remain confidential and should only be used for work-related purposes. User identification numbers, operator ids and passwords are also considered confidential information. Employees are not authorized to release this information to anyone, including co-workers. Writing a user identification number, id and/or password on a readily accessible location shall be considered release of this information and is not permitted. Information contained in E-Verify should not be released to sources outside of OSU or to co-workers unless such is part of the employee's job description. Use of E-Verify is for job-related purposes only and should not be used for personal use.	
I have read and understand the statement above and agree to comply with the policies contained in this agreement. I have read and agree with the E-Verify Memorandum of Understanding (provided by your Key User (College/Division)). I understand failure to comply can result in disciplinary action, including termination.	
Signature of User	Date
PRINT AND SIGN BEFORE SUBMITTING	

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_____/_____/_____ **PRINT AND SIGN BEFORE SUBMITTING**

Signature of User **Date**

HR Office Use Only

	ACCESS LEVEL – Indicate type: ☐ General User ☐ Program Administrator ☐ ACCESS VERIFIED / APPROVED: ☐ Information sent to user on date: _____
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☐ Information sent to user on date: _____

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INSTRUCTIONS

APPLICANT INFORMATION

For the individual requesting access, type or print the name, position, department, campus address, e-mail address, telephone number, fax number and Banner ID number in the spaces provided.

ACCESS

Request

Please indicate if this is a request to add a person, to change a person's current access, or to cancel existing access (for a person that transferred, separated, etc.).

Level

Check the appropriate access level. Program Administrator access will be granted only to those within OSU Human Resources.

E-Verify Training

Upon submission of this form to newhire@okstate.edu, the New Hire department will issue an E-Verify username and password. Upon your initial log in, you will be prompted to complete mandatory training.

APPROVAL BY KEY USER

Before Banner access will be granted, the individual requesting access must read the E-Verify Memorandum of Understanding as provided to the Key User. Additionally, the requesting individual must read, sign and date the **E-VERIFY Agreement** indicating they will comply with the procedures stated in the agreement and the request must be approved by the Key User and E-Verify Program Administrator. If the Key User is unavailable, the request must be approved the appropriate Dean or Vice President.

QUESTIONS?

If you have questions, please contact New Hire at x5161 or newhire@okstate.edu.